UTILITY PATENT APPLICATION		ATTORNEY DOCKET 87056DMW			
TRANSMITTAL UNDER 37 CFR 1.53(b)		Customer No. 01333			
To: Commissioner for Patents		Express Mail Label No.			
P.O. Box 1450		<u>o</u>			
Alexandria, VA. 22313-1450	E	.V293510097U	S		
		/2	/2/03		
METHOD AND APPARATUS FOR MODIFYING		ate:	12/03	7% [
A PORTION OF AN IMAGE FRAME IN				- ² 7/C	
ACCORDANCE WITH COLORIMETRIC				4 € 1 1 1 1 1 1 1 1 1 1	
PARAMETERS				- =	
First Named Inventor (or Application Identic	fier):				
David L. Patton, et al					
Enclosed are:					
1. X Specification			ignment of the invent		
		Eastman Kodak Company			
2. Sheet(s) of drawing(s)		7 Cert	ified copy of a priori	ty	
3. X Information Disclosure Statement Under 1.97.	· 37 CFR	8. Asse	ociate Power of Attor	ney	
4. Combined Declaration for Patent Application and Power of Attorney:					
4a. X New					
4b. Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed)					
5. Incorporation by Reference (useable if Box 4b is 9. Deletion of Inventor(s).					
checked) The entire disclosure of the prior application, from Signed statement attached deleting inventor(s) named					
which a copy of the oath or declaration is supplied under Box 4b, in the prior application, see 37 CFR 1.63(d)(2) and					
is considered as being part of the disclosure of the accompanying 1.33(b).					
application and is hereby incorporated by reference therein.					
10. If a 111A application prior to examination of the above-identified application, amend the specification at Page 1,					
after the title, by inserting the following:					
CROSS REFERENCE TO RELATED APPLICATION Reference is made to and priority claimed from U.S. Provisional Application Serial No.,					
filed, entitled.					
If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:					
11. Continuation Divisional Continuation-in-part (CIP) of prior application No:					
12. X Please address all written communications to Pamela R. Crocker, Patent Legal Staff,					
Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.					
Please Direct all telephone calls to David M. Woods at 585-477-5256.					
<u> </u>					
The filing fee has been calculated as shown below: FOR: NO. FILED	NO. EXTRA	RATE	FEE	7	
BASIC FEE			\$ 770		
TOTAL CLAIMS 44 - 20 =	24	x 18 =	\$ 432	2	
INDEPENDENT CLAIMS 6 - 3 =	3	x 86 =	\$ 258	3	
MULTIPLE DEPENDENT CLAIM PRESENT	ED	+ 290	\$ (-	
		TOTAL	\$ 1460		
X Please charge my Eastman Kodak Company Deposit Account No. 05-0225 in the amount of \$ 1460					
A duplicate copy of this sheet is enclosed					
The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. <u>05-0225</u> .					
A duplicate copy of this sheet is enclosed.					
A . \ M					
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SHS/RGR	Hen H. Shaw				
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